

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
2013 JUL 26 AM 9:59  
Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines **FEC MAIL CENTER**

AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC

ADDRESS (number and street) **555 East Wells Street, Suite 1100**  
☐ Check if different than previously reported. (ACC) **Milwaukee** **WI** **53202** **3823**

2. FEC IDENTIFICATION NUMBER **C00324780** CITY **MILWAUKEE** STATE **WI** ZIP CODE **53202-3823**

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report(Q1)  
☐ July 15 Quarterly Report(Q2)  
☐ October 15 Quarterly Report(Q3)  
☐ January 31 Quarterly Report(YE)  
☒ July 31 Mid-Year Report(Non-election Year Only) (MY)  
☐ Termination Report (TER)

(b) Monthly Report Due On: ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)  
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)  
☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day PRE-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)  
☐ Convention (12C) ☐ Special (12G)

Election on  in the State of

(d) 30-Day Post -Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on  in the State of

5. Covering Period **01** **01** **2013** through **06** **30** **2013**

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer **Mr. Kevin Beier**

Signature of Treasurer  Date **07** **23** **2013**

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only

**FEC FORM 3X**  
(Rev. 02/2003)

13031100724

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC

Report Covering the Period:

From:

MM  
01

DD  
01

YYYY  
2013

To:

MM  
06

DD  
30

YYYY  
2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>YYYY 2013</span>		247360.45
(b) Cash on Hand at Beginning of Reporting Period .....	247360.45	
(c) Total Receipts (from Line 19) .....	13575.76	13575.76
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	260936.21	260936.21
7. Total Disbursements (from Line 31) .....	20892.03	20892.03
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	240044.18	240044.18
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

13031100725

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC

Report Covering the Period:

From:

MM  
01

DD  
01

YYYY  
2013

To:

MM  
06

DD  
30

YYYY  
2013

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	2100.00	2100.00
(i) Itemized (use Schedule A) .....	11201.00	11201.00
(ii) Unitemized .....	13301.00	13301.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) .....	13301.00	13301.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	274.76	274.76
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)) .....	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	13575.76	13575.76
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	13575.76	13575.76

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**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	392.03	392.03
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	392.03	392.03
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ➤	0.00	0.00
29. Other Disbursements.....	20500.00	20500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	20892.03	20892.03
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	20892.03	20892.03

13031100727

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	13301.00	13301.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	13301.00	13301.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	392.03	392.03
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	392.03	392.03

13031100728

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:		PAGE 6 / 11	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC .

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Michael R. Burton		Date of Receipt MM / DD / YYYY 01 / 06 / 2013	
Mailing Address 3875 Geist Road, Suite E #203		Transaction ID: SA11A1.4511	
City Fairbanks	State AK	Zip Code 99709	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Individual Contributions over \$200	
Name of Employer	Occupation	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Rebecca K. Carney-Calisch		Date of Receipt MM / DD / YYYY 01 / 09 / 2013	
Mailing Address 11582 Traillbrook Ln		Transaction ID: SA11A1.4513	
City San Diego	State CA	Zip Code 92128	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Individual Contributions over \$200	
Name of Employer	Occupation	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Bernard J. Crain		Date of Receipt MM / DD / YYYY 02 / 22 / 2013	
Mailing Address 5104 W NC 10 Hwy		Transaction ID: SA11A1.4517	
City Hickory	State NC	Zip Code 28602-9725	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C		Individual Contributions over \$200	
Name of Employer	Occupation	Aggregate Year-to-Date ▼ 200.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
SUBTOTAL of Receipts This Page (optional) .....		1200.00	
TOTAL This Period (last page this line number only) .....			

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:		PAGE 7 / 11	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Dr. Stephen H. Crouch</b> Mailing Address <b>417 North Cass Avenue, 3a</b> City <b>Westmont</b> State <b>IL</b> Zip Code <b>60559</b> FEC ID number of contributing federal political committee. <b>C</b> Name of Employer _____ Occupation _____ Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <b>200.00</b>		Date of Receipt <b>02 / 22 / 2013</b> Transaction ID: <b>SA11A1.4519</b> Amount of Each Receipt this Period <b>200.00</b> Individual Contributions over \$200
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Dr. William T. Durkin</b> Mailing Address <b>3101 N. Hampton Drive, #505</b> City <b>Alexandria</b> State <b>VA</b> Zip Code <b>22302</b> FEC ID number of contributing federal political committee. <b>C</b> Name of Employer _____ Occupation _____ Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <b>500.00</b>		Date of Receipt <b>01 / 23 / 2013</b> Transaction ID: <b>SA11A1.4515</b> Amount of Each Receipt this Period <b>500.00</b> Individual Contributions over \$200
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Dr. Philip R. Sharp</b> Mailing Address <b>1815 Largo Road, #3</b> City <b>Jacksonville</b> State <b>FL</b> Zip Code <b>32207</b> FEC ID number of contributing federal political committee. <b>C</b> Name of Employer _____ Occupation _____ Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <b>200.00</b>		Date of Receipt <b>02 / 22 / 2013</b> Transaction ID: <b>SA11A1.4521</b> Amount of Each Receipt this Period <b>200.00</b> Individual Contributions over \$200
<b>SUBTOTAL of Receipts This Page (optional)</b> .....		<b>900.00</b>
<b>TOTAL This Period (last page this line number only)</b> .....		<b>2100.00</b>

13031100730

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 / 11

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC

Full Name (Last, First, Middle Initial)

A. Capital One Direct Bank

Mailing Address PO Box 4197

City

State

Zip Code

Houston

TX

77210-4197

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

204.75

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2013

Transaction ID: SA17.4525

Amount of Each Receipt this Period

204.75

Interest from account

SUBTOTAL of Receipts This Page (optional) .....

204.75

TOTAL This Period (last page this line number only) .....

204.75

13031100731



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 / 11

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC

Full Name (Last, First, Middle Initial)

A. US Treasury - IRS

Mailing Address 324 25th Street

City Ogden State UT Zip Code 84401-2310

Purpose of Disbursement  
Form 1120-POL tax payment for 2012

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.4528

Date of Disbursement

03 / 31 / 2013

Amount of Each Disbursement this Period

268.00

SUBTOTAL of Disbursements This Page (optional) .....

268.00

TOTAL This Period (last page this line number only) .....

268.00

13031100732

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 / 11

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC

Full Name (Last, First, Middle Initial)

A. ERIC PAC

Mailing Address 25 E. Main Street, Suite 200

City Richmond State VA Zip Code 23219-2109

Purpose of Disbursement  
Contribution for campaign

Candidate Name

011

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.4535

Date of Disbursement

04 / 11 / 2013

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Friends of Joe Heck

Mailing Address PO Box 750114

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement  
Contribution for campaign

Candidate Name

011

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.4539

Date of Disbursement

06 / 11 / 2013

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Kaine for Virginia

Mailing Address 10 G Street, NE Suite 570

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Contribution for campaign

Candidate Name

011

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.4537

Date of Disbursement

06 / 04 / 2013

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

11000.00

TOTAL This Period (last page this line number only) .....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 11

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC

<b>A. Renee Ellmers for Congress</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 904 City Dunn State NC Zip Code 28335 Purpose of Disbursement Contribution for campaign Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: SB29.4531 Date of Disbursement 04 / 11 / 2013 Amount of Each Disbursement this Period 2000.00 011 Category/ Type
<b>B. The Grassley Committee</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 1000 City Des Moines State IA Zip Code 50304 Purpose of Disbursement Contribution for campaign Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: SB29.4529 Date of Disbursement 04 / 11 / 2013 Amount of Each Disbursement this Period 5000.00 011 Category/ Type
<b>C. Tim Scott for Senate</b> Full Name (Last, First, Middle Initial) Mailing Address 1405 Ashley River Road City Charleston State SC Zip Code 29407-5305 Purpose of Disbursement Contribution for campaign Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: SB29.4533 Date of Disbursement 04 / 11 / 2013 Amount of Each Disbursement this Period 2500.00 011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) .....

9500.00

TOTAL This Period (last page this line number only) .....

20500.00

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
---	-----------------

<input type="checkbox"/> USPS First Class Mail	Postmarked
--	------------

<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
--	------------------

<input type="checkbox"/> USPS Priority Mail	Postmarked
---	------------

<input type="checkbox"/> USPS Express Mail	Postmarked
--	------------

☐ Postmark Illegible

☐ No Postmark

<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fed Exp</i>	Shipping Date <i>7/25/13</i>
Next Business Day Delivery <input checked="" type="checkbox"/>	

<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
--	-----------------

<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
---	-----------------

<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
---	-----------------

<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
---	-------------------------------

*JMP*

PREPARER

(7/2013)

*7/26/13*

DATE PREPARED

13031100735